

# ILEA SICK LEAVE BANK ENROLLMENT FORM

## School Year 2023-2024

Employee Name: \_\_\_\_\_

I would like to donate \_\_\_\_\_ day(s) to the ILEA Sick Leave Bank for the 2023-2024 school year. (For the 2023-2024 year, you may contribute 1 to 3 days)

By doing so, I agree to the terms outlined in Article 15.1.4 of the Inter-Lakes School Board and Inter-Lakes Education Association Professional Employees Agreement 2023-2026 and to the criteria (ILEA SICK LEAVE BANK INFORMATION document) established by the Sick Leave Bank Committee.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

*This form must be submitted to the Superintendent of Schools by September 30, 2023 in order to become eligible for enrollment. Employees hired after the start of school have fifteen (15) days from the first day of work to enroll in the Sick Leave Bank.*

***As of June 30, 2023, the Sick Bank has 169 days remaining.***